Missouri Statewide Health Information Exchange

Technical Infrastructure Workgroup

Jefferson City, MO
December 16, 2009
11:00 am – 1:00 pm
Jefferson Building 10th Floor, Conf. Rm. B





Agenda

Topic	Facilitator(s)	Time
Welcome & Introductions	Co-Chairs	11:00 – 11:15 am
Review Deliverables, Timelines	Co-Chairs & Manatt	11: 15 – 11:30 am
Review Strawdog Process > Develop consensus on process going forward	Co-Chairs & Manatt	11:30 – 12:15 pm
Discussion of Key Issues as Time Permits	Co-Chairs & Manatt	12:15 – 12:45 pm
Next Steps	Co-Chairs & Manatt	12:45 – 1:00 pm



Welcome & Introductions



Governor Nixon's Remarks & Vision

- This is a tremendous opportunity for Missouri to improve the affordability, quality and value of health care.
- It is also an opportunity to bring new investment to Missouri potentially close to a billion dollars – to create new jobs and to improve public health
- Six objectives
 - Electronic records can help reduce costly and preventable medical errors and avoid duplication of treatments and procedures.
 - HIE can dramatically improve the coordination of care and the quality of decisionmaking, even among health care providers who are miles away from one another.
 - This provides us with an opportunity to **give Missourians more complete**, **accurate and timely information** with which to make decisions about their own health care.
 - This makes health information portable, so that whether consumers are switching
 providers or become sick while on vacation, their health history is available at the
 point of care.
 - We believe that if done correctly, promoting the use of standardized electronic health records and interoperable systems with strict safeguards can improve patient privacy.
 - Moving from paper records to electronic health records has tremendous potential for lowering administrative costs and thus making health care more affordable.
- Thank you for partnering with the state in taking critical first steps in building a new framework for health information technology in Missouri



Meeting Recap & Key Decisions

- The Workgroup agreed to prioritize a master patient index (MPI)
- The Workgroup agreed that there should be some form of statewide technical infrastructure and shared services
- The Workgroup may want to develop a use case to document technical requirements and services
- There are important public and private sector assets that should be leveraged and prioritized
- No provider should be left behind



Stakeholder Feedback

What We Asked

Does the State have a role in providing technical services? How do you envision such services being leveraged at a regional level?

What We Heard

- > The State should not provide technical services, but rather articulate which standards (HITSP, IHE, etc.) should be adopted to ensure interoperability among HIE initiatives.
- > The State should provide shared services (MPI/RLS and related interface standards), to which regional initiatives can connect.
- > The State may have a role in funding technical services.
- > If the state doesn't have a role, this will never get off the ground.
- > The State should work through the medical societies and the specialty societies (American College of Physicians, MAOPS, MSMA etc.) to help foster adoption among healthcare providers and stakeholders.
- > The State has a role in ensuring broadband access for all providers to enable their use of web-based applications.
- > The State is a substantial investor in existing statewide information technology and has much to contribute in advising and coordinating efforts for optimal use of the current information exchange infrastructure.
- > The State should be a facilitator and enabler; it should only be a direct provider of services as a last resort.
- > The State's role may evolve to one of fostering adoption by healthcare providers, consumers, and other stakeholders.
- > The State should ensuring all metro and urban health care centers are afforded the ability to partake of the HIT programs and exchange services.

Objectives for Today – Complete Organizational Work and Begin Content Work

- Review and gain clarity and consensus on:
 - Deliverables through the completion of the Strategic Plan
 - Overall process to create our portion of the Strategic Plan
- Discuss broad infrastructure and architecture issues
- Discuss the 'easier' questions and reach consensus if possible



Workgroup Process



- Environmental Scan
- ONC FOA
- Other States' Models
- Other WG Input

- Generate Straw Models
- Discuss with WG
- Define Consensus Recommendations
- Technical Infrastructure for Strategic Plan
- Outline and process for Operational Plan



Project Milestones and Timeline

Week	Key Topics & Discussions
12/1	 Initial kickoff meeting and education Review charter and project timeline
12/13	 Review stakeholder feedback received via web survey to date Discuss threshold questions relative to infrastructure and architecture issues Identify consensus recommendations for inclusion in draft Strategic Plan Identify outstanding questions to be addressed
1/11	 Review draft Strategic Plan language for presentation to Advisory Board Continue discussion of outstanding questions and identify process for resolution
1/25	 Review Advisory Board's feedback and/or questions relative to Strategic Plan Identify consensus responses to Advisory Board's feedback and Strategic Plan revisions
2/8	 Continued working session to finalize Strategic Plan content; incorporate revisions based on Advisory Board's feedback Identify issues to be "tabled" and to be addressed by the Operational Plan
2/22	 Review final Strategic Plan Review Operational Plan components and requirements Identify Workgroup milestones and timeline through May



Immediate Deliverables for ONC Strategic Plan

- Description of how infrastructure will facilitate interoperability
- Description of technical approach and architecture to be used including HIE services to be offered (if applicable)
- Review and augment environmental scan of HIE



Suggested Outline for Strategic Plan

Overview and context

- Environmental Scan (might be elsewhere but we will generate content)
 - Non state government HIOs public/private
 - State HIOs including Medicaid

Principles

• E. g. "No Provider Left Behind"; "Design for change"; "Use Open Protocols"; Use Latest Bindings Possible"; "Use Minimal Protocol Set"; "Practical not Ideal", ...

Process

Who's involved? How is the work done? What is produced?

Patterns/Technical Approach

- Service Architecture: interoperability model, e. g. SOA, REST, ESB
- Network Architecture: how do providers/consumers connect? e.g. hierarchical vs. flat, exclusive vs. overlay;

Services (Optional)

- Infrastructure: e. g. Services Registry; Directories/MPIs Patient, Provider, Facility, Lab,
 Pharmacies, Health Plans; Authentication; Secure Messaging
- Healthcare: eRx, Labs, Summary exchange, NHIN Gateway, State Registry Access, Medicaid, Terminology, ...



Governance ≠ Technology

Governance is about

- Developing collaboration and trust in a community
- Creating binding agreements DURSA, Consent, Technology Sourcing
- Ultimately, advocating and delivering advances in healthcare

Technology is about

- Building and deploying systems
- Creating and maintaining highly reliable environments

Comingling often leads to trouble

- Governance bodies become vendors
- Sharing/consolidating/changing infrastructure impeded



State and Regional Approaches Either/Or or And/Both?

Regional HIOs

- Closer to the community for governance, adoption
- More Nimble
- Less leverage, can be isolated

State HIOs

- More leverage, economy of scale
- Assures 'No Provider Left Behind'
- Usually slower to move
- Less responsive to local issues



HIE Services Stack

Clinicians, Consumers, Communities

Primary Customers/Constituents

Services

Exchange, Analytics

Network

Connection/Security



Services Architecture

Service Consumers

Common Protocols

Service Providers



What Questions Must be Answered?

- What is the current environment?
 - HIOs: public/private, local/regional/state
- How will existing capabilities be leveraged?
- How will NHIN integration be addressed?
- What governance process will oversee this activity?
- How will statewide services enable satisfaction of Meaningful Use criteria for providers (if applicable)?
- How will statewide services will be defined?
- What services will be defined statewide?
- How will statewide services be provided?
- How will access to statewide services work?
- How will we deliver on 'No Provider Left Behind'?
- How will Medicaid and other state government assets be integrated/leveraged?
- How will border/interstate issues be addressed?
- How will timing issues be addressed to assure consumers can satisfy Meaningful Use criteria in 2010?

Easier

Harder

How will statewide services be provided?

New York

- Common protocols CHIXP based on NHIN/HITSP web services and ESB
- Shared services primarily from RHIOs
 - Medication Management
 - o RFI for shared services recently released

Tennessee

- Common protocols based on NHIN/HITSP web services, considering ESB
- State Shared Services primarily from State
 - Private Network
 - Authentication/Provider Portal
 - MPI/RLS/Registry under consideration

Delaware

- Common protocols based on HL7, moving to NHIN/HITSP web services
- Shared Services exclusively from State
 - Security, MPI, ...
 - Lab results delivery to portal/EHR
 - Working on lab orders, medication history, 'EHR lite'



Next Steps

- Provide your reviews on the questions and content presented during today's meeting to kwallis@manatt.com by January 4, 2010.
- Review draft Strategic Plan language which will be provided in advance of next Workgroup meeting
- Review anticipated Notice of Proposed Rulemaking re: Meaningful Use, assuming that it is issued by year end
- Access Workgroup materials online at http://dss.mo.gov/hie/leadership.shtml

Next Meeting: Wednesday, January 13th, 11:30 am – 2:30 pm Location TBD

